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<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	<b>Application Number</b>	10/539,501
	<b>Filing Date</b>	September 2, 2005
	<b>First Named Inventor</b>	Igor Kirsch
	<b>Title</b>	Treatment Of Psychostimulant
	<b>Art Unit</b>	1617
	<b>Examiner Name</b>	Sahar Javanmard
	<b>Attorney Docket Number</b>	LR/G-32880A/LEK 64113:US

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

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OR

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City	State	Zip	
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I am the:

☐ Applicant/Inventor.

OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on \_\_\_\_\_**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>M. Le Good</i>	Date	23 July 2009
Name	Mohika Le Good	Telephone	
Title and Company	Patent Service Specialist / Lek Pharmaceuticals d.d.		

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.☒ Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**POWER OF ATTORNEY  
OR  
REVOCATION OF POWER OF ATTORNEY  
WITH A NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/539,601
Filing Date	September 2, 2005
First Named Inventor	Igor Kriach
Title	Treatment Of Psychostimulant.
Art Unit	1817
Examiner Name	Sahar Javanmard
Attorney Docket Number	LR/G-32980A/LEK 64113.US

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Individual Name

Address

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Telephone

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I am the:

☐ Applicant/Inventor.

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☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on \_\_\_\_\_

SIGNATURE of Applicant or Assignee of Record

Signature

Date

Name

Gillian McCann

Telephone

Title and Company

Patent Service Specialist / Lek Pharmaceuticals d.d.

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required; see below.☒ Total of 2 forms are submitted.

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